



Together Including Every Student

[www.starbridgeinc.org/TIESProgram](http://www.starbridgeinc.org/TIESProgram)

## Student Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Previous Participation in Volunteer Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal attributes that would contribute to your ability to provide support to a person with a developmental disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there certain extracurricular/community activities for which you particularly enjoy providing support? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are you hoping to learn from this volunteer experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share with us any information about yourself or your experiences that may be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two unrelated references that we may contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**For Office Use Only**

Relationship with the volunteer:

Relationship with the volunteer:

How long have you known the volunteer?

How long have you known the volunteer?

List characteristics of the volunteer  
(e.g.: responsible, reliable, etc.):

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Do you have any knowledge of the  
volunteer's experience working with  
children? Please explain.

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